



The Westmont Montessori School

577 Route 24, Mendham, NJ 07945
908-879-6355 ~ Fax 908-879-8127
www.westmontmontessori.org
admissions@westmontmontessori.org

For Office Use Only
Date Rec'd: _____
Confirmation: _____

2017-2018 Little STEPS Montessori Application
An Educational Program for Children Ages 1-1/2+ Years
Please return form and fee to the above address to secure your child's spot.

<input type="checkbox"/> Session I —Tuesdays/Thursdays, 9:00-10:45am; Mid-Sept. to mid-Dec.	<input type="checkbox"/> Session II —Tuesdays/Thursdays, 9:00-10:45am; Mid-Jan to Mid-April
Fees: \$75 application fee and \$500 due with application; Additional \$500 due on 10/1, 11/4 and 12/1	Fees: \$75 application fee and \$500 due with application; Additional \$500 due on 2/1, 3/1 and 4/1

APPLICANT			
_____	_____	_____	_____
(Full Legal Name of Child)	(Preferred 1st Name)	(Date of Birth)	(Sex)
_____	_____	_____	_____
(Address)	(City)	(State)	(Zip Code) (Home Phone #)
_____	Known Allergies: _____		
(Ethnic Origin—Optional)	(Please specify)		

FAMILY	
Title (<i>circle</i>): Mr. Mrs. Ms. Miss Dr. Prof. Other _____	Title (<i>circle</i>): Mr. Mrs. Ms. Miss Dr. Prof. Other _____
_____	_____
(Parent 1/Guardian Name)	(Parent 2/Guardian Name)
_____	_____
(Address)	(Address)
_____	_____
(City, State, Zip)	(City, State, Zip)
_____ / _____	_____ / _____
(Home Phone #) (Cell Phone #)	(Home Phone #) (Cell Phone #)
_____	_____
(E-mail Address)	(E-mail Address)
_____	_____
(Employer)	(Employer)
_____	_____
(Business Telephone) (Extension)	(Business Telephone) (Extension)
Employer to participate in matching funds? Yes ___ No ___	Employer to participate in matching funds? Yes ___ No ___
_____	_____
(Educational Background/Degrees)	(Educational Background/Degrees)

Photographs

Throughout the year, parents, teachers, and staff document school activities and events with photographs/videos. Occasionally, Westmont will use these photographs/videos in brochures, journals, webpages, press releases, and other Online/digital marketing materials. No personal information about a student will be shared. Parents must notify the Director of Admissions in writing if they do not want their child's photo to be included in any of the aforementioned.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____